## FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

CONOMIC INTERESTS

RECEIVED VOICERRY'S OFFICE OFFIC

Please type or print in ink.

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NAME OF FILER	(LAST)	(FIRST)	(MIRDINE) +F
Emerald	,	Martha	SAN DIEGO CALIF.
1. Office, Ag	ency, or Court		65
Agency Name	}		* *
City Coun	cil		
Division, Boar	d, Department, District, if applicable	Your Position	
District 7		Councilm	ember
► If filling for i	multiple positions, list below or on an attachment.		
Agency: Mis	sion Trails Regional Park Task Force	Position: Ch	nair
2. Jurisdiction	on of Office (Check at least one box)		
State		☐ Judge (State	ewide Jurisdiction)
	nty	County of _	
City of S	an Diego	Other	
3. Type of St	tatement (Check at least one box)		
Annual: 2010.	The period covered is January 1, 2010, through December -or-	r 31, Leaving Of (Check one	ffice: Date Left
The po 2010.	eriod covered is/, through December	31, O The per leaving	iod covered is January 1, 2010, through the date of office.
Assuming	g Office: Date/		iod covered is/, through the date ng office.
Candidate	e: Election Year Office sought, if	different than Part 1:	
4. Schedule	Summary	<del></del>	
Check applica	ble schedules or "None."	➤ Total number of pag	es including this cover page:
Schedule	A-1 - Investments - schedule attached	Schedule C - Inc	ome, Loans, & Business Positions – schedule attached
=	A-2 - Investments – schedule attached	_	ome – Gifts – schedule attached
∐ Schedule	B - Real Property - schedule attached	Schedule E - Inco	ome – Gifts – Travel Payments – schedule attached
	-or-  None - No reportable int	terests on any schedule	
boroin and in a	are attached cahadular is true and complete. Lacknowled	aa thia ia a	
	ny attached schedules is true and complete. I acknowledge penalty of perjury under the laws of the State of Calif		
Date Signed	March 18, 2011 (month, day, year)	Signature	
<del> </del>		<del></del>	

#### SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	

Martha N. Emerald

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Emerald Group	
Name 5048 Alejo Street San Deigo, CA 92124	Name
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY  Media Consulting	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:    S2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:
NATURE OF INVESTMENT  Sole Proprietorship Partnership Other  YOUR BUSINESS POSITION	NATURE OF INVESTMENT Sole Proprietorship Partnership Other  YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)  So - \$499 S10,001 - \$100,000 OVER \$100,000	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME IQ THE ENTITY/TRUST)  □ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 □ OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:  INVESTMENT REAL PROPERTY	Check one box:  INVESTMENT REAL PROPERTY
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2010/2011) Sch. A-2

## SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Martha N. Emerald	

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
McGraw Hill Broadcasting Company	Leo Hammel Jewelers
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
148 Princeton -Highstown Road, Princeton, NJ	16381 Bernardo Center Drive, San Diego, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Broadcasting	Jewelers
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Retired	N/A
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S500 - \$1,000 S10,000	S500 - \$1,000 X \$1,001 - \$10,000
X \$10,001 - \$100,000 ☐ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Calc of	Sale of Jewelry
Sale of(Property, car, boal, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other Retirement/Pension Income	Other(Describe)
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD
of a retail installment or credit card transaction, made	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms
available to members of the public without regard to y	
not in a lender's regular course of business must be of	disclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	· ,
ADDRESS (Business Address Acceptable)	%i None
• •	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
UICUTET PALANCE BURING REPORTING PERIOR	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD  S500 - \$1,000	
	City
S1,001 - \$10,000	Guarantor
_	
OVER \$100,000	Other
OVER \$100,000	Other(Describe)
OVER \$100,000	Other(Describe)

### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

	FORNIA FORM LITICAL PRACTICES C	
Name		
	Martha N. Emer	hle

▶ 4 INCOME RECEIVED	➤ 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Southern California Guns	Art Cellar Exchange	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
4891 Convoy Street, San Diego, CA 92111	2171 India #H San Diego, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Gun Sales	Art Sales	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
N/A	N/A	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED	
☐ \$500 - \$1,000 🔀 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000	
S10,001 - \$100,000 OVER \$100,000	X \$10,001 - \$100,000 ☐ OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income	
Loan repayment Partnership	Loan repayment Partnership	
Sale of Personal Gun Collection	Sale of Collectable Art	
(Property, car, boat, etc.)	(Property, car, boat, etc.)	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
, , , , , , , , , , , , , , , , , , ,	The state of the s	
Other(Describe)	Other(Describe)	
, ,	10.000	
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER		
* You are not required to report loans from commercial of a retail installment or credit card transaction, made	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)	
	%	
ADDRESS (Business Address Acceptable)		
	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence	
	Real Property	
HIGHEST BALANCE DURING REPORTING PERIOD	Street address	
S500 - \$1,000	City	
S1,001 - \$10,000	_	
S10,001 - \$100,000	Guarantor ————————————————————————————————————	
OVER \$100,000	Other	
	(Describe)	
Comments:		

# SCHEDULE D Income – Gifts

, all

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Martha N. Emerald

► NAME OF SOURCE	► NAME OF SOURCE
Kiwanis of Grantville-Allied Gardens	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
PO Box 601211 San Diego, CA 92160	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Service Club	1
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
9 <u>, 11 , 10</u> s 50 Awards Banquet	\$
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	s
NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	s
	s
Comments:	